

23 December 2011

To:

ENHANCED SURVEILLANCE FOR THE RISK OF INCURSION OF A NEW VIRUS INFECTION ('SCHMALLEMBERG VIRUS') INTO GREAT BRITAIN

We have received reports of the detection of a novel virus, tentatively named "Schmallenberg virus" (SBV) in Germany and The Netherlands. The virus is related to a known virus called Akabane, which is spread by insects and which classically causes foetal malformations, particularly deformities of the limbs and brain defects. The "Schmallenberg" virus appears to have been associated with transient disease characterised by milk drop, diarrhoea and fever in adult cattle in August to October in Germany and the Netherlands. It has recently been detected in at-term sheep foetuses with limb or brain defects in The Netherlands.

Similar viruses have previously been detected in the tropics, Australia and Japan but not, to our knowledge, in northern Europe.

We have no evidence of the presence of this virus in Great Britain. Scanning surveillance carried out by AHVLA and SAC and enhanced analysis of the data did not detect disease in adult cattle similar to that reported in The Netherlands and Germany in the late summer of 2011.

To assist early detection, were infection to occur here, we want to fully investigate certain types of limb and brain defects, in new-born ruminants and foetuses. Specifically, contractures that are present at birth that result in reduced mobility of several limb joints. In severe cases, limbs and the spine also may be twisted. The brain damage caused by this virus is severe and results in blindness and lack of brain function such that calves and lambs appear like 'dummies'.

We would be very grateful if farmers inform their veterinary surgeon of such cases. In addition, we would wish to screen for surveillance any stillbirth, malformation or nervous disease in new born animals or foetuses born to ruminant dams that were imported from mainland Europe in 2011.

We have written to veterinary practices in England and Wales about this enhanced surveillance. Practitioners will be able to discuss cases with AHVLA, and if the case meets our clinical case definition, then we will request that it is submitted for *post mortem* examination, accompanied by a fully completed submission form to provide us with necessary clinical and epidemiological information. We can examine for 'Schmallenberg' virus infection and lesions free of charge. If a full diagnostic investigation is required, then we will apply the standard, subsidised surveillance rate charge.

Scottish veterinary practices were sent a letter about this enhanced surveillance by SAC. Practitioners in Scotland will be able to discuss cases with SAC veterinary investigation officers. Scottish practitioners are asked to submit appropriate carcasses for *post mortem* examination, accompanied by a fully completed submission form. The standard, subsidised surveillance rate charge will apply.

Tests for the new virus are currently being established at AHVLA; we will store samples and report results of tests to practitioners when they are available. This could be several weeks from now.

If farmers have suspect cases when laboratories are closed over the holiday period, carcasses may be kept chilled.

Farmers planning to purchase cattle from the NL or Germany should enquire about the health history of herds of origin of pregnant animals.

Finally, may we repeat that current evidence suggests that the likelihood of incursion of this viral infection into GB is low. This request for heightened surveillance is to obtain additional evidence to enable a full risk assessment.

With thanks for your assistance,

Yours sincerely,

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Gavin Watkins, Chair, AHVLA Cattle Expert Group, Carmarthen Regional Laboratory

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